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THE CRANIAL CHARACTERISTICS AND POWERS OF HUMAN
RACES.

An Oration read before the Medical Society of the County of Erie, at its Semi-Annual Meeting
held June 13th, 1854, by S. B. HUNT, M.D., Buffalo, N.Y.

At a period like the present, when the rapid overspreading of the North American continent has suddenly given rise to a new code of national policy; when the necessities of new events have added the phrase "manifest destiny" to the vocabulary of the statesman; when all politicians have become ethnologists, and talk learnedly of the antipathies and affiliations of races; when an American Secretary of State brings up the diversity of races in a diplomatic discussion, as a sufficient reason for a peculiar line of national action; when we behold prophecies made to-day, and fulfilled to-morrow, of some new conquest for the Anglo-Saxon; when a process of emigration, which is rather an exodus of a whole people, than a colonizing of a part, together with an increased prolificacy, owing to a lengthened average of human life, is spreading a new and exotic race over our continent, displacing from their territories the old inhabitants—when all these concurrent circumstances are thus operating, it is fitting that the physician and the anatomist should bring forth from their store of acquirement those great anatomical conditions which are the cause of all this turmoil.

It is not necessary for us to discuss the ultimate unity or diversity of the human race. Whatever may have been man's primeval condition, he is *now* divided into races, no less by anatomical differences, than by degrees of intelligence, and civilization. And it is my sincere belief that these differences are permanent; that whatever may be the *actual* improvement of any, or all races, their *relative* position must remain the same. Said Dr. Robert Knox:—"Human history cannot be a mere chapter of accidents. The fate of nations cannot be always regulated by chance; its literature, science, art, wealth, religion, language, laws and morals, cannot surely be the result of mere accidental circumstances."

It should not be objected to this that it inculcates the doctrine of inequality of races. The notion of actual equality is Utopian; it does not exist in fact—it is both unscientific and unscriptural. In looking back upon the workings of that providence which writes the pages of human history, we find one nation always in servitude, another always free—one

particular family gradually overspreads the temperate zone; before it perishes all other kindred, tribes and tongues.

Upon the North American continent we have the representatives of the great Caucasian family, of the aborigines of the soil, the negro, and, more recently, a Chinese emigration has sent the Mongol to our Pacific shores.

Let us study a little the relative anatomy of these races. The most marked and essential difference which separates one human type from another, is in the capacity and shape of the cranium. All other variations seem secondary to this. Among the subdivisions of the great families now dwelling on this continent, we have, first, the Teutonic races, with an average cranial capacity of 92 cubic inches; second, the Celtic, with 87 inches; the Chinese and the Negro, each, 83; the barbarous tribes of American Indians, 84; and the Toltec family, 77 cubic inches. Among the remarkable varieties which this list presents, we find that the German average is 90, the Anglo-American 90, and the English 96 cubic inches. The low measurement of the American, as compared with his English progenitors, is owing to the fact that only skulls of men remarkable for crime were included in it by Dr. Morton, from whose tables we obtain these results; while, in all other instances, we have merely a casual selection of all varieties of character. Another fact worthy of notice, is, that the measurement of the negro is greater than that of the Toltec, and equal to the Mongolian average. Another feature in the negro skull is the fact, that American-born negroes have one cubic inch less than the native African families.

It will be seen from this brief statement, that the mere capacity of the skull is not, alone, the true index of ability; while, at the same time, it leaves untouched the great fact, that the Teutonic, the family of largest cranial development, is the most advanced in civilization, and the most vigorous in growth and conquest. The secret of the relative force of nations, where cranial capacity does not fully account for it, must be found in the other condition alluded to, the relative size of the intellectual lobe. Certain varieties exist in the human skull which modify this relation. Thus the Teuton has a forehead, high, broad, full, and nearly vertical, the coronal region is well developed, and the occiput is well rounded, but has no excess over the anterior region. Departures from this ideal will, as they assume the prognathous form, determine the relative intellectuality of races.

Let us trace now the progress of those races which are known to the history of the North American continent.

The monumental history, as well as the traditions of the Aborigines of our country, indicate that the Toltec, or Peruvian, was once the dominant race of this continent. As described by Cortez and his followers, they were a gentle people, of fixed habits, given to assembling in large communities, and the building of great cities. The arts of civilization existed among them to a great extent. A monarchical government, a priestly hierarchy, and a provident agriculture, indicated a condition far above barbarism. Their average cranial capacity, as ascertained by Dr. Morton from the measurement of 213 skulls, was 77 cubic inches. Its

conformation presented a low receding forehead, the longitudinal and parietal diameter nearly equal, a flattened occiput, high cheek bones, and heavy and projecting jaws. This race once held possession from the great lakes to the isthmus of Darien. It was they who constructed the forts and mounds which dot our western prairies. But long before the peopling of North America by the whites, they had disappeared from the whole country north of the Rio Grande; and their place was occupied by a race superior to them in cranial development, but inferior in the arts. The barbarous tribes had some 7 cubic inches of brain the advantage over the Toltecs. The cranial conformation was similar, with the exception of a fuller occiput, and smaller intellectual lobe. These anatomical characters formed an analogue in their minds. Crafty, subtle, vindictive, nomadic, despising manual labor, and incapable of civilization, they were still permitted, in the providence of God, to drive before them the mild Toltec, and give to rapine and blood the land which once waved with corn. It was the manifest destiny of the Toltec race to perish from the earth. Their civilization, their knowledge of fortification and defence, were no match for the larger brain of the red man. The men of largest brain, of strongest will, fiercest animal passions, and smallest share of human sympathies, passed from their north-eastern origin, and swept all obstacles from their path. It was a work of annihilation, and nothing was left of the Toltec but his forts and mounds.

The second act in this great drama opens the most important and immense migration of the human race on record. There came to the shores of New England and Virginia some feeble bands of men, who, whether rightly or not, were soon engaged in bloody wars with the numerous tribes around them. Looking at the probabilities as they then existed, the chances were a thousand to one that, a broil once commenced between the white and the red men, the former would soon be driven from the shores of the continent, or find a grave beneath its forests. They had to contend with a race numerous, powerful, vindictive, armed with efficient weapons, and the bravery to use them. Why is it, then, that we have seen the Teuton gradually enlarging his borders, and the red man as steadily perishing before him? The work is like that which the Indian had previously inflicted on the Toltec. It was not conquest or subjection, but annihilation. Rank by rank, and tribe by tribe, the red man faded from his possession. Like some Sarsaparilla wind of death, the races of the Teuton have passed from the portals of the East, until now the golden shores of the Pacific acknowledge their dominion. It mattered little what means were chosen to accomplish this result. The peaceful policy of Wm. Penn, and the stern unyielding integrity of the Puritans, were as fatal to the Indian as the fierce slaughter of the Spaniards in the halls of Montezuma. And the high necessities of civilization were but a secondary element in this contest. On the whole line of advance, from the Bay of Massachusetts to the Gulf of Mexico, the progress of the white race was preceded and pioneered by a class of adventurers who fled from the life of towns, and assimilated themselves to barbarism. It was not for civilization that the Daniel Boones of our

country fought and struggled. They contended with the Indian for his hunting grounds, and not for sites of cities. It was the physiological antipathy of race for race, not sufficiently proximate, and too proud and stubborn to blend.

And here we may pause to notice another marked difference in the conquering races. The Teuton, with an average cranial capacity of 92 inches—or if we take the pure English standard of the Puritans, of 96 inches, making a capacity of 12 cubic inches above that of the red man, fought less and conquered more than did the Spaniards and French at the South, with an average of 84 and 87 cubic inches; thus nearly assimilating them to the barbarous, but not reducing them to the Toltec, measurement. As a natural consequence we find that the Teuton has never widely amalgamated with the Indian. The animal passions were too feeble, and the innate pride of birth and connection too high, for such an intermingling. But the converse held true with the Spaniard and Frenchman. The Iberian and Celt belong to the swarthy families of the Caucasian race, and are as distinctly separable from the Anglo-Saxon, as from the Negro. Possessing as a race five cubic inches less of brain than the Teuton, they more nearly approximate the Aborigines than the men of the North. They have everywhere first fought and conquered, and then amalgamated with the Indian. The consequence is a feeble and hybrid race; defining hybridity as a loss of permanence of national type. The physical degeneration which has resulted from this blending, is a very noteworthy feature in anatomical science. The races now inhabiting Mexico are a breed, so disgracefully mixed and intermingled, that the types of the heroic Indian, as well as the dignified Spaniard, have alike disappeared. The average size of the head in Mexico is so small, that it is with the greatest difficulty that an American, of average cranial size, can find a native hat sufficiently large.

Still another race comes in to mingle in the confusion of American population. We are indebted to our English forefathers for the presence among us of more than three millions of a low type of human organization—the Negro. Prognathous jaws, narrow elongated forms, receding foreheads, large posterior development, and an internal capacity of only 83 inches, characterize the cranium of the African negro. The cranial capacity is nine inches less than that of the Teuton, but still exceeding the Toltec by 6 inches, and only 1 less than the barbarous Indian. There is, therefore, nothing in the mere size of the negro skull which especially marks him for servitude, or renders impossible a certain degree of civilization. Although he has never, in his native state, attained to any degree of culture, he is endowed with a wonderful imitative faculty, which enables him to adapt himself to the customs of civilized life. But we find that he more readily amalgamates with the Indian, than with the white. The red man, though he sometimes makes a slave of his black fellows, is still more generally disposed to admit him to a footing of equality. In his relations with the whites, he has now for two centuries remained in servitude, without an effort, on his part, to escape from bondage. The casual flight of a few solitary individuals does not invalidate the fact that he is enchained by a people which could not thus enslave

the Indian. The story of Uncle Tom's cabin contains a most truthful moral on the point, however unconsciously on the part of the author. "George," the almost white slave, strikes for freedom with a bold hand; preferring death to slavery. So, too, did "Cassy," and every other light mulatto in the book. But we find that Mrs. Stowe has always portrayed the pure black as a willing bondsman, and "Uncle Tom" himself as a model of submission to the lash and to bitterest wrong and outrage. This was not mere christian non-resistance. The meekest martyr, from St. Stephen to John Rogers, would have resisted such wrong by force of arms. It is an inborn characteristic of the black race.

While I would not sanction the idea that the mere fact of inferiority or diversity of race, can justify the holding of a fellow man (for a fellow man he is) in involuntary servitude, I still think that the anatomical facts of difference should have some influence in modifying our sentiments, and render us slow in imposing the responsibility of self-support upon a race, whose ability to maintain themselves, in competition with the white man, is at least as much a problem, as is that of the co-existence of the Anglo-Saxon and the Indian. It is impossible for 83 cubic inches of cerebral matter, fed by negro blood, to compete with 92 of educated, Teutonic brain. It is not the province of the anatomist to decide what should be done; but it is safe to assume, that any being, however degraded, if he possesses reason and conscience, should also possess the liberty to use them for his own welfare. The limit of authority over a degraded race should not extend beyond an exercise of paternal care and superior wisdom, in guiding, protecting and elevating it, in such a manner of life as is best fitted to its capacities.

The amalgamation of the two races produces the mulatto, who manifests a certain degree of hybridity. He is a superior negro, but a very inferior white man. As we go on approximating to the white, we have increasing aptitude to learn, and greater intelligence; but this is accompanied by a corresponding degradation of the white. The mulatto is an unnatural and a sinful existence. Feeble in constitution, unable to perform severe labor, he manifests a tendency to scrofulous disease, and early death. Though the pure negro is naturally long lived, we find the mulatto rarely attaining the verge of old age. It is a notorious fact, that, were it not for constant importations from the South, the race of negroes would soon disappear from the northern States, from amalgamation, and consequent short life. If amalgamation is thus fatal to the existence of the negro, what better would be his condition if left to his own resources. It is but just that we should look the anatomical argument fairly in the face. The condition of the negro has ever been that of servitude—a consequence of his lack of brains. It cannot be pretended that this should form a justification of American slavery; but the anatomist will still shrink from hastily disturbing the present order of things. An immediate setting free of the bondsmen of the South, would place three and a half millions of an inferior race in competition with one far superior to it in anatomical perfection. Who can doubt where misery would fall? The experiment has already been twice tried on this continent. The Toltec and the Indian have in turn faded,

and passed away from the broad lands they once claimed as their own. Without a claim to the soil, without a vestige of national organization, and in competition with a vastly superior race, that annihilation which so surely dogged the retreating footsteps of the fallen Indian, would find but a feeble resistance from the humble crouching African.

One circumstance may, in this contingency, operate in favor of the negro. Had the Indian been capable of subjection to slavery, he would still be found among us. The negro would soon, in freedom, adapt himself somewhat to his new condition; and, although a large class might, like the wretched inhabitants of the British West Indies, prefer abject poverty to labor, yet the influence of a colder climate, and the necessity of providing for a winter, might gradually engraft industrious habits. Even the ever-working bee, when transported to Jamaica, laid up his store of honey for a single season only. Ever after that, he forgot his provident northern notions, and led a roisterous and dissipated life among the sweets of the sugar houses, unmindful of the morrow.

It is now a received opinion with ethnologists, that the large-headed Teuton is the dominant race of all the earth. Wherever climate will permit his existence, his passion for discovery leads him. The negro, the Hindostanee, the Malay, the Aborigines of America, have all fallen before him; and now he knocks at the door of the Japanese Mongol, and demands admission there. One by one the lesser tribes have owned his sway. The lively Celt of Ireland has yielded his long-fought battle with the English Teuton; the high-spirited Hungarian, and the wily Italian, feel the yoke of the Austrian Teuton; and still another family of this great group is pressing down upon the Turk. The stream of emigration has filled the United States with unceasing additions of Teutonic blood. Before them has fled the Indian, and beneath their iron rule is bowed the unfortunate African.

Who can tell where, or when, this conquering advance shall cease? What shall be the fate of feeblar nations beneath its sway?

In these great facts, this hastily-gathered evidence of "manifest destiny," we read a lesson which politicians well might learn. The doctrine that "all men are created free and equal," is an anatomical, physiological and scriptural impossibility. So long as one star differeth from another star in glory, so long as the infinite gradations from dust to Deity rank one above another, so long as man is but a little *lower* than the angels, while God is over all, so long shall the difference which He has implanted in the human race, remain unchanged in type, though progressive in excellence, until the last act of the drama shall open upon a single dominant race, in a world whence all others shall have disappeared.—*Buffalo Medical Journal.*

TREATMENT OF CHOLERA MORBUS.

[Communicated for the Boston Medical and Surgical Journal.]

MESSRS. EDITORS,—I have been a reader of your valuable Journal for many years, and as yet I have seen nothing, in all which it has con-

tained upon the subject, approximating my own treatment of the foregoing disease. Moreover, I cannot learn, by inquiries of my medical brethren, that the practice to any great extent has been adopted; but, on the contrary, I know of no one who has embraced it, save those who have done so at my own suggestion. And still I have no claims to originality, so far as the practice is concerned. It was derived from some European writer, through the medium of that excellent and superior work, Braithwaite's Retrospect. And regarding it as I do, in the light of a *specific* mode of treatment, I am anxious that others should make a trial of it, and that the practice should become Americanized and universally adopted.

The remedies are simply morphia and creosote. My mode of prescribing them has generally been, to give from 1-8 to 1-2 grain of morphia, in combination with from 1 to 3 drops of creosote; the quantity of each ingredient to be governed by the age, constitution and habits of the patient, as well as the severity of the disease itself. Seldom do I find it requisite to give more than one dose of the creosote, especially where it is given soon after the act of vomiting. The morphia I usually repeat once or twice after the last dose of creosote, and this is all, generally, which the case requires, so far as medicine is concerned.

Treated in this way, I have found the disease a very easy and manageable one, and in no case, in my own practice, passing into secondary disease. Warmth to the surface, and the *moderate* use of warm drinks, are important adjuvants, and aid in restoring the equilibrium of the circulation. The same remedies, though in still larger quantities, I have used in two cases of cholera, both of which speedily recovered; but my experience with this disease is too limited to speak with much assurance. I trust, however, with some modification, it would be followed by better success than any other plan of treatment which I have known adopted. Hoping that others will give it a trial in this Herculean and mysterious pestilence, I will only add, what my own experience of years will abundantly justify, that the above remedies are the *sine qua non* in the treatment of cholera morbus.

Respectfully yours,

Phoenix, N. Y., Aug. 10th, 1854.

N. WILLIAMS, M.D.

OBSERVATIONS ON EPILEPSY.

BY W. M. CORNELI, M.D.

Case from Scripture—Ancients supposed it a special visitation from the gods—Definition of Epilepsy—Symptoms—Considered incurable by some—Cases of recovery under Dr. Herpin and others—Difficulty of localizing the disease—Is the brain affected organically or only functionally?—Portions of the brain excluded by Dr. Todd from being its seat.

Those acquainted with the Greek, the language in which the passage in Matt. xvii. 15, and the parallel one in Mark ix. 17, were originally written, will readily see that the child spoken of was "lunatic and sore vexed"—in other words, that he had *epilepsy*, or the *falling sickness*. Often he fell "into the fire, and into the water." How much devil, more than natural sickness, there was in this case, we shall not attempt

at present to measure. That it is a vivid description of epilepsy, no one can doubt who has ever been familiar with this disease. The original Greek word for epilepsy means to *seize suddenly*. The seven devils cast out of Mary Magdalene were doubtless *epilepsies* under demoniacal influence. The ancients called a person, when sick with this disease, *lunatic*, because they supposed it to be connected with the *changes of the moon*. It is very doubtful, however, whether the moon has anything more to do with it than with the planting of cucumbers, or the "coming of soap," or the best time for killing pork. It is well known that epileptic attacks take place at any time, and through all the phases of that "silver orb."

This sickness has been called by various names, in different nations, and in different times, as it has been known to exist from the earliest ages. Many of the ancients supposed it to be of a *devilish* or *demoniac* origin, inflicted by the malice of their deities, or demons, between which there was not much to choose. The Romans considered an attack of this disease as an ill omen; and if it occurred in the forum all business was suspended for the day. Hence they called it *morbus comitialis*. As they had an abomination for the disease, and wished to avert it from themselves, they used to spit in the face of the epileptic; and hence they gave it the name of *morbus qui sputatur*. The French have two names for it, each designating the character of the attack. The lighter, they call the *petit mal*; the graver, the *grand mal*.

It is difficult to give a perfect *definition* of epilepsy, and I shall not attempt it. The leading symptoms of an attack are the following. An unearthly screech, such as has been known to frighten women into hysterics, and to cause "a parrot to drop from his perch seemingly frightened to death by the appalling sound"; loss of consciousness; clonic spasm; sudden falling; embarrassed breathing; turgid and livid face; choking sound in the windpipe; brows knit, features much distorted; light and sometimes bloody foam issuing from the mouth; urine and fæces sometimes unconsciously expelled by the force of the spasm. When the convulsions have subsided, the patient is left exhausted, stupid and comatose.

The *fits* usually commence by the mouth twisting awry, the eyes quivering and rolling about, the chin raised, and by sudden jerks brought round towards one shoulder, the tongue thrust between the teeth and often bitten. During the paroxysm there is usually violent palpitation of the heart, and frequent and feeble pulse. Sometimes no pulse can be felt at the wrist.

Such are the *symptoms* of a severe attack. But sometimes the greater part of these symptoms are absent. Consciousness is lost for a moment, accompanied by a fixed gaze, or a tottering step, and a look of confusion; and all is over. The patient then goes on with conversation or business, as though nothing had happened.

Dr. Cullen defines epilepsy to be a "*malorum convulsio cum sopore*." Dr. Copland, "Sudden loss of sensation and consciousness, with spasmodic contraction of the voluntary muscles, quickly passing into violent convulsive distortions, attended and followed by sopor, recurring in paroxysms often more or less regular."

Epilepsy has been considered by most physicians an incurable disease. It has, indeed, generally proved so, and hence there are physicians who advise that nothing be done—that the case be left entirely to nature. That it would be better to follow such advice, and *do nothing*, than to do what has often been done, will appear in the sequel.

But others, of more wisdom and foresight, recommend a different course. From the fact that many have been freed from this disease, by medical treatment, they advise that efforts be made to deliver the patient from this grave malady. Thus we find most of the standard writers upon medicine enumerate more or less recoveries from this disease, and advise patients afflicted with it to continue to seek relief from medical skill. Dr. George B. Wood, of Philadelphia, in his "Practice of Medicine," says, "When not dependent on any permanent organic disease, epilepsy may often be cured, if taken at the outset; and there is reason to believe that the germ of many an epileptic case is destroyed by the proper treatment of the occasional convulsive paroxysms, which so frequently come under the notice of the physician. Cures sometimes, also, take place in cases of considerable duration; and there is no reason to despair in any case, unless obviously connected with incurable organic disease." Dr. Eberle says, "Dr. Dewees has expressed contradictory sentiments, in relation to the curableness of this disease. Under the head of *treatment* he asks, 'what plan of treatment has ever succeeded in curing epilepsy? Has epilepsy ever been cured?' Under the head of *diagnosis*, however, he says, 'when the disease is symptomatic, it is occasionally curable. Those attacked between the fourth and tenth year may be cured by proper treatment.' This is just such an inconsistency as all those are liable, I may add compelled, to fall into, who maintain that epilepsy is in all cases, or *generally*, incurable. When the brain is essentially diseased at the commencement of epilepsy, it is, doubtless, incurable; but I think it will clearly appear, in these observations, that such cases are very rare—at most, not one in twenty of the whole number. Such has been the experience of the writer in as large a number of epileptic patients, probably, as has fallen to the lot of any one physician in this country.

In reference to Dr. Dewees's remarks, as above, Dr. Eberle continues—"Most assuredly this latter sentiment accords with the experience of the ablest of the profession of all ages. However appalling and really intractable this disease may in general be, perfect cures are by no means so uncommon as the doctor's interrogatories might lead one to suspect. I have known at least five distinctly-marked cases cured under my own observation, two of which were of more than two years' standing, and one above six years."

Such is the testimony of Dr. Eberle, a man who wrote one of the best systems of "Practice" in our country.

Boerhaave, Van Swieten, Storck, Richter, all state cases of cure under their treatment. Frazer says he cured nine cases out of eleven. Drs. Prichard, Latham, Young and Percival, also give cases of cure under their treatment. Thus we have abundant evidence from the highest

medical authority to discountenance the idea that nothing can be done to remove epilepsy in ordinary cases.

If the question were, is epilepsy *ever* incurable? no one would deny that it is. But, when the question is, whether it is ever curable, all intelligent physicians say yes, and that it may always be remedied where the brain is not really diseased at its commencement; and we hope to show from the highest authority that such cases are very rare.

While we have never made any pretensions to remedying this disease in all cases, we are fully satisfied that the inculcation of the idea that nothing can be done, and that, ordinarily, nothing should be attempted, has resulted in great injury. It has discouraged and rendered incurable many who might have recovered; and it has been in opposition to the views and experience of the most eminent physicians of all ages. We have given, in the above references, but a very small portion of the names of physicians under whose treatment recoveries have taken place in this very afflictive disease.

In the *Union Medicale* for December 1st, 2d, and 7th, 1852, Dr. Herpin, of Geneva, gives the following *results* in treating epileptic patients. "Of twenty-six female patients, sixteen were cured, six were improved, and four were incurable. Of twenty-four male epileptics, twelve were cured, four were improved, and eight were incurable. Of thirty-five patients under 20 years of age, eighteen were cured, nine improved, and eight incurable. Of nine patients, aged from 20 to 50, five were cured, one was improved, and three were incurable. Of six patients, aged from 50 to 80, five were cured, and one was incurable. Of twenty-three cases which had existed less than a year, fifteen were cured, five were improved, and three were incurable. Of twenty-five cases of from one to twenty years' duration, thirteen were cured, five were improved, and seven were incurable."

Thus, from the experience of this Genevan physician, it does not look as though there is no encouragement to treat epileptic patients. On the contrary, even cases of twenty years' standing are curable. An anonymous writer in the number of this Journal for Aug. 2, 1854, has related several cases wherein permanent cures were effected in this disease.

Difficulty of Localizing Epilepsy: Caused by Debility.—All the known phenomena of this disease point to the nervous system, as chiefly concerned in inducing it. The muscular convulsions are consequent to, and dependent upon, the nervous disturbance. On the other hand, the strong muscular force developed has a powerful re-action upon the nervous system.

What part of the nervous centres is disturbed in this disease? Is it the brain, or any one part of it; or is it the spinal cord; or both, or all of them? It is not simply a disease of the nerves. There can be no doubt but the irritation of a nerve, at its periphery, may so irritate the nervous centre, as to induce epilepsy; and the phenomena of this disease would not be exhibited, unless these centres were much disturbed. In the development of the epileptic paroxysm, the first phenomenon is loss of consciousness, and then follow muscular convulsions. It is well known to every intelligent physiologist, or pathologist, that loss of consciousness

is never the sequence of lesion or disturbance of the spinal cord—that, in all diseases of a special spinal origin, consciousness usually remains perfect.

Suppose, then, we look into the brain for the primary disturbance in the epileptic paroxysm. The brain, it is well known, is composed of several parts, each of which, no doubt, discharges a particular function, and all of which united constitute the brain.

We will begin with the *medulla oblongata*. If this were so far disturbed, as to produce convulsions, they would be *tetanic*, not *clonic*. It is well known that, though the convulsions, in epilepsy, are sometimes *complicated* with *tetanic*, yet there are always alternate contractions and relaxations, such as do not occur in that disturbance of respiration or laryngismus always arising from primary disease of the *medulla oblongata*. If the *medulla oblongata* were the primary cause of epilepsy, *laryngismus* would always attend it. But this is not the case. Moreover, loss of consciousness is sometimes the only symptom of epilepsy. No degree of lesion, in the *medulla oblongata* simply, would account for this.

The *corpora striata* and *optic thalami* are different in structure, and, doubtless, differ in function. Whatever that function may be, it is generally admitted that it has no concern in *mental* operations; of course, none with consciousness. If they are diseased, motion, or sensation, or both, may be paralyzed; but consciousness remains undisturbed, unless the lesion extends to other parts of the brain. No disease of these parts, then, will account for the *first* symptom of epilepsy—loss of consciousness. Besides, no mechanical irritation of them will produce *convulsions*. Neither the primary nor secondary symptoms of epilepsy, then, can be produced by any disease of these bodies.

For the same reasons, we must also exclude the *cerebellum* from being the cause of this disease.

Is the *cerebrum* implicated in epilepsy? It most certainly is. All physiologists agree that this is the seat of the intellectual power—of consciousness. As loss of consciousness is the first symptom of epilepsy, the *cerebrum* must be implicated. It will be a question hereafter to be considered, whether this implication implies *disease of structure*, or of *function* only.

Whenever the *cerebrum* is diseased, or not properly nourished, the mind suffers. We have stupor, or delirium, or mania. Disease of the membranes covering the *cerebrum* causes the mind to be impaired, by their proximity to, and connection with, the *cerebrum*. These parts being disturbed, we can account for the *first* phenomenon of epilepsy, viz., *loss of consciousness*.

It is our belief that the structure of the *cerebrum* is not diseased, usually, in the commencement of epilepsy; and in this position we are fully sustained by the following remarks of Foville. "The brains of persons dead of epilepsy, in its earliest periods, exhibit nothing, absolutely nothing, which differs from the normal state: unless they have died in the attack, when the cerebral congestion, which exists, is a feature, not of epilepsy, but of the state of asphyxia induced by it. Still, in the more advanced stages of the disease, when the patients have experienced many

fits, morbid appearances are met with, and these affect the hemispheres chiefly."

"The convulsions," says Dr. Todd, "are caused by involving the *mesocephale*, either by irritation from the superficial parts of the cerebrum, or by these parts being more directly implicated, or by both."

It is not yet known *how* the nervous influence, or tension in the brain or other nervous centres, accumulates. We believe it to be caused by a poison, or an abnormal state of the vital fluid. This poison seems to excite a polar state of the brain, which is reduced to an equilibrium, by the discharges which take place; frequently, with great rapidity, yet leaving no trace behind, and no foot-prints of disease, till the nervous battery is again charged by the poison. Then, a new explosion takes place. That such is a correct theory or plan of epilepsy, we think, will more abundantly appear in the sequel; and also, that the general course of remedial measures has not been the one best calculated to remove the difficulty. It is our decided opinion that the structure of the brain is not injured in this disease, until after repeated attacks; and hence it is not, properly, a disease of the brain. That the brain suffers more or less, at each explosion, is no doubt true; but that the cerebrum, or hemispheric lobes, are the primary seat of epilepsy, as maintained by Dr. Todd, in his "Theory" of this disease, we want proof, and we will now adduce some arguments to show that such is not the fact. In doing this, we freely admit that there must always be *functional* disturbance of the cerebrum; or the first symptom of epilepsy, namely, loss of consciousness, could not occur. But in most cases, it is *only* functional.

MORTALITY AMONG CHILDREN.

[Communicated for the Boston Medical and Surgical Journal.]

THE Boston Journal for August 10 has an article, copied from the Baltimore Patriot, on the mortality of children, which is deserving of the attention of those whose office should be not only curative but preventive. I copy from the article as follows:—

"In the cities of New York, Philadelphia and Baltimore, last week, out of a total of 1,724 deaths, 1,025—within a fraction of two-thirds of the whole number—were children under five years of age."

Now as there is no date to the article of which the foregoing is a part, it is not in my power to say precisely *what week* the writer refers to; but it is a fair inference that it was recent. Nor am I able to say by what arithmetic or logic, 1,025 is made out to be "within a fraction of two-thirds" of 1,724. It would be more nearly three-fifths of the whole. Still the fact is a terrible one. Many have thought the statement so often made by myself and others, that two-fifths of our population, *taking the year together*, die under five years, an exaggerated one; but here is a mortality of three-fifths for a particular period.

The writer in the Baltimore Patriot, in his comment on the dreadful fact, justly observes;—"There is certainly some cause for this, and it is due to the science as well as the philanthropy of the age, that this cause

should be distinctly ascertained and pointed out." Again he says:—"A close examination of the subject, we doubt not, would show that it is chiefly among those who are surrounded with all the comforts, and, in many instances, with the luxuries which riches command, that infantile diseases find their most numerous and unresisting victims."

With one qualification, Messrs. Editors, I can subscribe, most fully, to the truth which is suggested in the latter quotation. Instead of saying "riches" in a country where almost every pauper is rich enough to have his appetite tickled and gratified, I would say "money and a short-sighted selfishness."

In regard to the causes of this fearful and fearfully increasing infantile mortality—for there are doubtless more causes than one—I have something to say, suggested by the study of the subject for thirty years or more. And though I lay no claim to infallibility, I do greatly desire to be heard.

My first suspicion rests on the too free use of alkalis among us. I say "the too free use," because, although I should not be likely to encourage their dietetic use, in any quantity, or in any circumstances of health, yet there is certainly a wide difference between excess and moderation. It is one thing to use just so much saleratus as shall be neutralized by the acetic acid it meets with, so as to leave no residuum but a little acetate of potash, and quite another to use the alkali so freely that a portion of it remains in the stomach and intestines unneutralized. Yet the latter is an every-day occurrence. Our children, generally, have their first passages in a state of sub-inflammation, from this and other kindred causes; and though the use of mild acids, especially those of fruits, may do something to soften or mitigate the condition, is it any wonder that bowel complaints, in these circumstances, become very severe and unmanageable? Is it any wonder that two-fifths, and in summer three-fifths of all who are born, die under five years of age?

I have no doubt that quackery and humbuggery, as well as many more things, tend to a fatal result in these cases; but I can say no more in a single number. You may possibly hear from me again.

Auburn Dale, Aug. 15, 1854.

W. A. ALCOTT, M.D.

THE BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON, AUGUST 23, 1854.

Treatment of Cholera in the New York Hospitals.—A late number of the New York Daily Times contains an account of the various plans of treatment of cholera adopted in the hospitals of that city. For reasons which we have before stated, medical matters in the columns of that paper are more reliable than those usually circulated in the newspapers, and we therefore give a synopsis of this account.

Calomel is chiefly relied on in the Franklin Street Hospital, and is given in doses of from 20 to 40 grains, and repeated, if rejected by the stomach. Camphor and chloroform, in from 10 to 12 drops for a dose, and fre-

quently repeated, are given for the purpose, in conjunction with the calomel, of arresting the discharges. It is intended to have the gums made tender from the use of calomel, and it is said that *no death has taken place when this has occurred*. Neither opium nor astringents are allowed, but internal stimulants, such as brandy and carbonate of ammonia, and externally the hot air bath and mustard, are made use of. This treatment is considered the most appropriate, and has been attended with such success, that the medical officers of the hospital feel warranted in continuing it. At the Mott Street Hospital the remedies made use of are calomel, capsicum, opium and camphor, for arresting the discharges; while brandy, ammonia, mustard and the hot-air bath, are the internal and external stimulants. *This treatment, thus far, has given satisfaction*. At the Brooklyn Hospital they give an emetic of salt and water, *to quiet the stomach*, so that the remedies can be retained. One grain of calomel is then given every hour, sprinkled on the back of the tongue and washed down with ice-water, and repeated until the discharges are altered in their character. SALIVATION IS AVOIDED. When stimulants are necessary, sulphuric ether is used. Hot-air baths, blisters, and the external application of spirits of turpentine, are made use of when necessary. Dr. Hutchinson, who has charge of this hospital, is of the opinion that the value of internal and external stimulation has been overrated, and he has abandoned, to a great extent, all stimulants but beef tea made very strong. He does not use opium or astringents, because he considers the discharges *curative in their tendency*—the result of an effort of nature to rid the system of the poison which has produced the disease. The effect of this singular treatment has been satisfactory to the doctor, so much so, *that when a patient is admitted into the hospital with vomiting and purging, he announces his recovery as almost certain*.

So it appears that cholera is treated very *satisfactorily*, and with success, in three of the New York Cholera Hospitals, by opposite modes; that one grain doses of calomel every hour (salivation to be avoided), answers just as well as the twenty and forty grain doses, with salivation; that in the hospital where they do not attempt to arrest the discharges, they have as much success as in the others which endeavor to accomplish that object by remedies. But if the treatment is satisfactory and successful, what matters it?

Meditations upon Consumption.—Mr. N. P. Willis, in his last communication to the Home Journal, of which he has long been one of the able editors, thus calmly and beautifully expresses himself in regard to the disease with which he is now afflicted, and which must eventually terminate his life. It is melancholy to reflect upon the misdirected effort which has been manifested by Mr. Willis in his treatment of his own case. The jacket of soap in which he wrapped himself, drinking at the same time large quantities of an alkaline solution, have produced, as might have been expected, an increase in all his alarming symptoms, which the quiet and freedom from irritation enjoined by what he calls homœopathy, can alone mitigate. The following is the extract alluded to:—

"Consumption, mourned over as it is, seems to me a gentle untying of the knot of life, instead of the sudden and harsh tearing asunder of its threads by other disease—a tenderness in the destroying angel, as it were, which greatly softens, for *some*, his inevitable errand to *all*. It is a decay with little or no pain, insensible almost in its progress, delayed sometimes, year after year, in its more fatal approaches. And it is not alone in its in-

dulgent prolonging and deferring, that consumption is like a blessing. The cords which it first loosens are the coarser ones most confining to the mind. The weight of the material senses is gradually taken from the soul with the lightening of their food and the lessening of their strength. Probably, till he owns himself an invalid, no man has ever given the wings of his spirit room enough—few, if any, have thought to adjust the ministerings to body and soul so as to subdue the senses to their secondary place and play. With illness enough for this and not enough to distress or weaken—with consumption, in other words, as most commonly experienced—the mind becomes conscious of a wonderfully new freedom and predominance. Things around alter their value. Estimates of persons and pursuits strangely change. Nature seems as newly beautiful as if a film had fallen from the eyes. The purer affections, the simpler motives, the humbler and more secluded reliances for sympathy, are found to have been the closest linked with thoughts bolder and freer. Who has not wondered at the cheerfulness of consumptive persons? It is because, with the senses kept under by invalid treatment, there is no ‘depression of spirits.’ With careful regimen and the system purified and disciplined, life, what there is of it, is in the most exhilarating balance of its varied proportions. Death is not dreaded where there is, thus, such a constant breaking through of the wings of another life, freer and higher.”

Soda Springs in a Desert.—By late arrivals from California, we learn that as a party of men were engaged in making survey of the public lands, they found, at a point about fifty miles east of San Felipe, in San Diego county, a singular collection of fountains or springs of soda water, situated in a sandy plain or depression of the desert. They are described as being in the form of a mound of symmetrical shape, tapering like a sugar loaf, in the top of which is a hole, and *unfathomable*, containing the carbonated waters. These mounds or soda fountains are six feet high, and covered over with a luxuriant coat of grass. The water possesses all the properties of the soda water, as it is called, which is found in our shops, and was drank with great avidity by the party who made the discovery.

Treatment of Gonorrhœa.—A correspondent of the Journal in the far-off West, desires us to publish the following prescription, which he considers to be a first-rate remedy—one that “acts like a charm,” and with which he has had “general success” in the treatment of gonorrhœa “for the last two years.” He recommends that “the bowels be well cleared with the sulphate of magnesia,” after which, “a tablespoonful of the following mixture three times a-day—R. Spts. lavend. comp. ʒj.; spts. nit. dulc., ʒiij.; bals. copaiba, ʒjss.; spt. vin. Hollandi, Oss. M.

Cholera in St. Louis, Mo.—The St. Louis Medical and Surgical Journal contains the following notice of the origin and extent of the epidemic cholera which has prevailed in that city the present season :—

“In common with most of the other cities of the country, St. Louis has been afflicted by the re-appearance of this most terrible and inscrutable disease in its worst form. Since the first of June, cases have occurred almost daily, but within the past two weeks, from the co-operation of this and other causes our bills of mortality have increased to an alarming degree. For the

week ending July 3d, the City Registrar reported four hundred and seventy deaths from all diseases, of which number two hundred and seven were from cholera, and two hundred and five children of five years old and under. For the week ending July 10th, the number of deaths reached as high as five hundred and five; of these two hundred and sixteen were of cholera, and two hundred and ten children of five years old and under. This certainly exhibits an extraordinary increase in our mortuary bills, when in the short space of three weeks the number is swelled from seventy-eight up to five hundred and five.

"It is proper to remark, however, that the disease has not been at all general throughout the city, nor has it affected all classes alike. As on former occasions, certain localities and particular classes have suffered very severely, while others have been comparatively exempt from its ravages. It would not be going too far to say, that at least three-fourths of the entire mortality has occurred among our foreign population—those of recent arrival, and such as are herded together in small and illy-ventilated apartments. From present appearances we are encouraged to believe that the disease has reached its acme, and is now on the decline."

The Cure of Idiocy and Cretinism.—We find the following notice of Dr. Guggenbühl's school for cretins, in the Glasgow Medical Journal for July. This school was visited by the senior editor in 1850, and an account of it was given in the Journal. It has also been visited by other American travellers, and any additional information respecting it will be read with almost as much interest in this country as in Europe.

"Some interesting particulars on this subject have been recently published in a little pamphlet, entitled 'The Adenberg Institution for Cretins, in the Canton of Berne, Switzerland, founded by Dr. Guggenbühl.' This institution, it appears, is built on the Adenburg, in the Alps, at a height of about three thousand feet above the level of the sea, and was founded by Dr. Guggenbühl in 1842, who has since, with the support of a few influential friends, devoted the best energies of his mind to the difficult career which he has chosen—that of educating idiot children. No case has been too hopeless for this interesting philanthropist. Weak and helpless boys and girls, with vacant eyes, and skins wrinkled by premature old age, have by his fatherly care been changed, within a few months, into intelligent and healthful children; creatures whose only articulation was a moan, have been taught to pronounce the letters of the alphabet; beings almost as low in the scale of existence as the brutes, with little or no sense of taste, smell, or touch, and with no idea of food, that it is necessary to eat in order to live, have been rescued from their fearful state by Dr. Guggenbühl, and are, many of them, in a fair way of becoming sensible, well-behaved, and industrious members of society. A few years back it was the general opinion that idiocy was incurable, and that all we could do for idiots was to pity and protect them. This feeling is even now carried to so great an extent among savages, that they look on these unhappy creatures with a sort of veneration, believing them to be especial favorites of the Great Spirit, who has permitted their souls to remain in heaven, while their bodies undergo the toils and hardships of this world. It shows a benevolent heart that can pity and protect a 'natural;' but how much greater the benevolence, that, instead of sighing at the sight and passing on, can devote the labor of a life to the arduous task of reclaiming these children! The cures effected by

Dr. G. are numerous and brilliant. The plan adopted is one of common sense, and has for its principal elements fresh air, light wholesome food, cleanliness, and exercise. When he has succeeded in rendering the body in a fit state to be the dwelling of an intelligent soul, then, and not before, does he commence his labors with respect to the moral and intellectual improvement of his patients. When he has mended the house, and rendered it habitable, he entices the wanderer in by means of kind words and reiterated appeals to the dormant intelligence. Among other means to which he resorts, is that of tracing the alphabet in characters of phosphoric light on dark walls, in order that the sense of sight may be quickened, and convey the shapes of the different symbols to the brain. A tube is at the same time placed in the ear, in order that the sound of the strange hieroglyphics glittering before the eye may be made known. The lips are also taught to move in imitation of the master's, and the latent senses of sight, hearing and speech are thereby awakened into action.

"The Institution School for the cretins and idiots on the Adenburg was the signal for the formation of many more, and among others that at Mariaburg, near Stuttgart, in Wurtemberg, under the patronage of the King and Royal Family; Muhldorf in Bavaria, under the patronage of the King and the Archbishop of Munich; and that of Parkhouse, Highgate, founded in 1847 by subscription, and afterwards set apart for patients for whom fees were paid; another and large institution being subsequently formed at Essex Hall, in Colchester, for the reception of the poorer and friendless class. The returns of these institutions are in the highest degree satisfactory, and will no doubt tend to the formation of many more of a similar kind throughout the world."

The Microscope in Cancerous Tumors of the Breast.—M. Velpeau, of Paris, the author of a work lately published "On the Diseases of the Breast," speaks in it as follows on the use of the microscope in the cancerous class of these diseases.

"If by means of the microscope it were possible to arrive at a knowledge of the intimate nature of pathological products, the instrument would be of great practical value. The diagnosis of cancer would acquire much certainty, and lose its vague and unsatisfactory nature, as nothing is more easy than to obtain small fragments of cancerous tumors by means of the grooved needle, &c. Some microscopists of the present time do not hesitate to believe in these wondrous results, but my remarks on the cancerous cell, in another part of the work, will prevent my readers from crediting such things. Microscopical examinations may determine the nature of cancerous tumors, when the latter are removed from the body; but, in a clinical point of view, these examinations lead, in the present state of knowledge, to dangerous errors, if any importance were attached to them. When, by the bed-side of the patient, the microscopist declares that the cell submitted to his examination is of a cancerous kind, can the surgeon take such a declaration as a rule of conduct? Will any one form a decided opinion upon so uncertain a testimony? But this is not all: suppose even the cancerous cell were the fundamental element, the *fine qua non* of a cancerous tumor, who would venture to say that that cell is not to be found in a tumor just examined, merely because it was not discovered in the fragment placed under the field of the microscope? Is it not possible that the grooved needle, though thrust with much care into the suspected texture, may only bring to light non-malignant particles, though the tumors may in reality contain

many cancerous cells; a cancerous tumor is, after all, composed of different elements—viz., cellular tissue, fat, vessels, and sometimes hardly altered mammary texture. The most skillful microscopists agree that the whole of a tumor should be examined and that its different layers and lobules should be carefully studied, before a positive opinion can be given. Thus, to be quite sure that a tumor does not contain cancerous cells, must not the former be broken up *ad infinitum*, and every particle be placed under the field of the microscope? I may then say of the microscope what I said of pain, "it throws no light upon pathology, and gives rise to much doubt and uncertainty, especially where a solution is most needed—viz., in the first stages of cancerous tumors. In fact I do not think it is possible to diagnose tumors of the breast better with the microscope than by the ordinary symptoms and clinical observations."

Medical Books.—There is less activity at present in the publication of medical books, than usual. Most of the re-publications of late are minor productions. We trust, however, that something excellent may be forthcoming for long winter evenings. Winter is the New England season for reading and study, and the period, too, when scholars of all denominations accomplish the most literary labor. Medical men are influenced, like others, by a broiling sun, and hence their literary activity commences with the approach of cold winds and snow flakes.

Medical Instruction.—Professors Morrill and Jeffries Wyman, of Harvard University, Cambridge, have for some time past attended to giving private medical instruction to students. The Drs. Wyman are eminently qualified as teachers, and students who may avail themselves of their instruction may rest assured that every facility will be afforded to perfect them in the theory and practice of the healing art.

Prof. Tully's Materia Medica.—No. 12 of Dr. Tully's work on Pharmacology and Therapeutics is just published by Dr. Church, of Springfield. This brings the book up to the 778th page. There can be no doubt of the originality of this work, or of the great learning and extensive practical experience of its author. Medical men who can overlook its peculiarities of orthography and typography, and a frequent use of unusual and lengthy terms, will find much in it that will prove truly valuable to them in their daily practice. Is it the author's or the printer's choice to separate single words into two or more, and use other words, distinctly two, as one compound word? The following are specimens:—"never the less"—"can not"—"else where"—"arrive-at"—"kept-up"—"put-down"—"take-place," &c. We are sorry to see that the publisher has cause to complain of the delinquency of subscribers in making payment for the work, as it can be finished only through their prompt settlements.

Trial of a Teacher for Manslaughter.—The report, in last week's Journal, of the medical testimony in a case of trial for manslaughter, should have been dated "Janesville, Wisconsin," where the occurrences took place. We regret this omission the more, as the report has been copied from our Journal into the public papers, where it has the appearance of describing a case in Boston.

Treatment of Epilepsy. MESSRS. EDITORS.—If “Junius” has been so successful in the treatment of epilepsy, I think it is due to the medical profession and the world, that he give the symptoms, *treatment* and progress of the cases of S. H. and G. W., whom he reports as having cured by his peculiar manner of treatment in so very short a time. N. L. F.

Learning the Deaf to Speak.—Every fact connected with the amelioration of the sad condition of the blind or deaf should be treasured up and turned to practical use when opportunity offers. The following statement is from the Kenosha (Wisconsin) Telegraph of August 14th.

“When a few years ago Mr. Horace Mann communicated to the Legislature of Massachusetts, as the result of his educational investigations in Europe, that in Paris he found a school of *deaf* scholars who *read aloud*, who *talked* rapidly, and so well as completely to deceive him; for he had heard of the fact, and visited a public school to see it for himself, and after being shown into one department, and listened awhile to the recitations, he asked to be shown the deaf department, and was surprised to find he was already in it, and had been listening to the recitations without knowing it, and that the gentlemanly attendant himself was deaf—the whole country was taken by surprise and almost incredulity. But we have in our midst a living illustration of the possibility of all Mr. Mann related. Mr. Trueman Blossom, the brother of Levi Blossom, who lives on the Racine road, just without the city limits, comes into our office regularly for his paper, and frequently to read our exchanges, and he calls for his paper, asks for the news, and converses with us quite readily. *And he is utterly deaf.* He understands what is said to him simply *by the motion of the lips.*”

Medical Miscellany.—Cases of yellow fever have appeared on board a French war steamer, at Norfolk, Va. Yellow fever has also appeared at Cardenas.—Cholera is on the increase in some parts of Europe. Several very distinguished military officers have died of it. In this country it is generally subsiding.—Dr. J. L. Pratt was recently drowned in Lake Superior, by the upsetting of a canoe. Dr. Pratt was a native of Rhode Island.—Our city is unusually healthy for the season. Very few cases of dysentery or other bowel complaints have come under our observation, and these have been exceedingly mild, yielding readily to the usual remedies.

MARRIED.—At Syracuse, N. Y., Augustus Tanke, M.D., late of Berlin, Prussia, to Miss Elizabeth Duncan, of S.

DIED.—In Glastenbury, Conn., Ralph Carter, M.D., 64.—At Litchfield, Conn., Isaac Hammond, M.D., 98.—At New Rochelle, N. Y., Dr. Barritt Sherwood, in the 54th year of his age.—At Fort Monroe, Old Point Comfort, Va., Dr. Thomas Henderson, a surgeon in the United States Army.—At Mesuasota Mines, Dr. J. L. Pratt, drowned. He went from Rhode Island.—At Norfolk, Va., Surgeon Vincent, of the French Navy.—At Lewiston, Me., Dr. Charles Millett.

Deaths in Boston for the week ending Saturday noon, Aug. 19th, 104. Males, 46—females, 58. Accident, 2—apoplexy, 2—burns, 1—inflammation of the bowels, 1—disease of the bowels, 1—inflammation of the brain, 1—congestion of the brain, 2—consumption, 13—convulsions, 5—cholera, 17—cholera infantum, 9—cholera morbus, 1—croup, 1—dysentery, 7—diarrhoea, 1—dropsy, 5—dropsy in the head, 5—debility, 2—infantile diseases, 6—puerperal, 1—erysipelas, 1—hooping cough, 1—disease of the heart, 1—intemperance, 1—inflammation of the lungs, 2—marasmus, 1—smallpox, 2—teething, 3—thrush, 2—tumor, 1—unknown, 2.

Under 5 years, 49—between 5 and 20 years, 9—between 20 and 40 years, 25—between 40 and 60 years, 13—above 60 years, 8. Born in the United States, 63—Ireland, 39—England, 1—Germany, 1.

Lead Colic.—On the 16th May I witnessed a case of this affection in St. Mary's Hospital, under Dr. Sibson, which possessed features of some interest, from the success of a form of treatment, strictly chemical in its nature. The patient, a painter by trade, had been admitted on the 13th, suffering from severe pain in the bowels, which were at the same time most obstinately constipated. The gums presented a bluish tinge near their margins, and the symptoms were unmistakably those of saturnine disease. The bowels were moved with some difficulty, and the patient was then ordered half a drachm of sulphur during the day, to be taken in treacle, and sulphur baths. Each bath contained half an ounce of sulphur, in water sufficient to cover the body. Each time, on coming out of the bath, the surface of the skin of the greater part of the body and face was blackened in color, to the alarm of the patient, but which subsequently washed off. This blackness was owing to the decomposition of the lead, and the formation of a sulphuret, which is perfectly harmless. The use of the sulphur internally acted very beneficially, keeping the bowels regular, and gradually removing the pain. He was so far recovered to-day as to desire his discharge; it was considered prudent, however, to keep him in hospital a few days longer, more particularly as he wanted to recommence work at his old trade. Dr. Sibson, in speaking of this case, informed me that Dr. Gueneau de Mussy treated the late King Louis Philippe on this plan, when suffering with his family from lead poisoning at Claremont, with perfect success. I remember reading his paper, but forget whether it was published in the Archives Generale de Medecine, or in the Dublin Quarterly Journal. The form of treatment is simple in its nature, and, although chemical, is certainly rational in its principles.—*London Correspondent Montreal Med. Chronicle.*

Gangrene of the Lung successfully treated by Inhalations of Terebinthinate Vapors.—Dr. Skoda has published, in the *Zeitschrift*, &c. of Vienna, several cases of gangrene of the lung in which the symptoms gave way by the use of terebinthinate vapors and the administration of quinine. In the first case, the cure was effected in six weeks upon a servant, with whom the gangrene had attacked the upper lobe on the right side. An inn-keeper, of middle age, was equally benefited by the same means, but the cure took a longer time, and a stay in the country; he also took one grain of quinine every second hour. The treatment was not properly carried out in the third case; and the fourth, that of a journeyman butcher, of a robust constitution, is still pending. The latter had, however, so far recovered, after using the inhalations, and also taking Fowler's solution, that he could go into the country, though there was still some uneasiness in the left scapular region. The inhalations are made by pouring oil of turpentine on boiling water, the inspirations being repeated every second hour, and carried on for fifteen minutes.—*London Lancet.*

War and Pestilence.—Some interesting tables have issued from the Health Office, comparing the loss of life by war and by pestilence. It appears that in twenty-two years of war there were 19,796 killed, and 79,709 wounded; giving an annual average of 899 killed and 3623 wounded. In 1848-9 there were no fewer than 72,180 persons killed by cholera and diarrhoea in England and Wales, and 144,360 attacked; 34,397 of the killed were able-bodied persons, capable of getting their own living.—*Id.*